

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

Part IV

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		
24a	Did the organization have		

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and partly for Td (goo751 0 Ts8)Tj 1.333 q 1 072.751 45bm745.985 --1 i /T1_1 1e5bm7t02m 0 0 m ,05sor Td (1.550 0 0 rg 1)T66		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Yes	No
-----	----

1a Enter the number of voting members of the governing body at the end of the tax year . . . **1a** _____
 If there are material differences in voting rights among members

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

Yes No ..

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

Contributions, Gifts, Grants
and Other Similar Amounts



Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

D i c l a r e d l i e 6b, 7b, 8b, 9b, a d 10b f P a r t V I I I .		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	26,745	26,745		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	57,712,902	57,712,902		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	1,010,629	1,010,629		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,995,440	1,892,410	841,424	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	73,473,728	58,429,752	12,706,870	2,337,106
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,729,756	4,517,784	2,019,013	192,959
9	Other employee benefits	7,790,952	4,831,620	2,752,651	206,681
10	Payroll taxes	5,211,493	4,136,955	897,358	177,180
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	244,768	0	244,768	0
c	Accounting	153,027	0	153,027	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17				41,047
f	Investment management fees	551,444	0	551,444	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,581,877	4,594,991	3,928,669	58,217
12	Advertising and promotion	3,891,698	1,936,430	1,660,124	295,144
13	Office expenses	5,741,479	2,375,817	3,198,819	166,843
14	Information technology	9,809,208	1,291,141	8,488,085	29,982
15	Royalties	12,697	12,697	0	0
16	Occupancy	8,105,397	3,077,991	5,027,406	0
17	Travel	4,178,580	3,390,974	638,640	148,966
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	868,342	567,121	266,124	35,097
20	Interest	6,922,779	6,909,904	12,875	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	10,236,276	9,576,610	576,308	83,358
23	Insurance	1,346,831	92,393	1,254,438	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>Library operations</u>	3,148,438	3,148,438	0	0
b	<u>Study abroad tuition</u>	4,498,833	4,498,833	0	0
c	<u>Repairs and replacement</u>	2,279,105	2,279,105	0	0
d	<u>Loss on extinguishment of debt</u>	2,005,055	2,005,055	0	0
e	All other expenses	15,927,682	8,475,119	6,522,912	929,651
25	Total functional expenses. Add lines 1 through 24e	243,496,208	186,791,416	51,740,955	4,963,837
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	
3	Revenue less expenses. Subtract line 2 from line 1	3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

Yes No

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**.



Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets ()

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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1a Beginning of year balance . . . (e) Four ye0 m 72.5 0 I S Q q 1 0 0 1 503.75Q in0 0 1 m 72.5 Tm (f)Tj EMC /Content <</MCID 42

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. () 0, , . () 12.) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. () 0, , . () 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description

Part XIII - Supplemental Information (Continued)

Schedule D, Part XI, Line 2d - Change in value of split interest agreement: \$1,491,173; change in value of swap: \$1,501,203; change in fair value of cash surrender values: \$169

Schedule D, Part XI, Line 4b - Student financial aid expense: \$58,723,531; fundraising expense: \$-248,181; loss on extinguishment of debt: \$2,005,055.

Schedule D, Part XII, Line 2d - Fundraising expense \$248,181 included as an offset to revenue

Schedule D, Part XII, Line 4b - Financial aid expense: \$58,723,531; Loss on extinguishment of debt: \$2,005,055.

Other Securities

Description	Book Value	Method Of Valuation
Venture capital fund of funds	1,538,974	End-of-Year Market Value
Deposit with bond trustees	6,317	End-of-Year Market Value
Other	1,189,798	End-of-Year Market Value
Total:	2,735,089	

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Schedule E, Part I, Line 6 - The Joseph A Sellinger State Aid program awards State aid to independent colleges and universities through a formula linked to their enrollment and to the per-student appropriation of selected four-year Maryland public institutions. In addition to aid provided directly through the Sellinger Program, Maryland students also receive need-based grant assistance, subsidized and unsubsidized loan assistance, and need-based work-study assistance through various Federal Title IV Student Aid Programs administrated by the U.S. Department of Education. U.S. Army ROTC scholarships are funded and awarded by the Department of the Army. Federal Veterans Administration tuition benefits are funded and awarded by the Department of Veterans Affairs.

Racially Nondiscriminatory Media Policy Explanation

Explanation

Education Amendments of 1972, as amended, is Kathleen Parnell, Assistant Vice President for Human Resources, 5000 York Road, Room 206, 410-617-2354. The coordinator to ensure compliance with Section 504 of the Rehabilitation Act of 1973, as amended, is Kathleen Parnell, Assistant Vice President for Human Resources, 5000 York Road, Room 206, 410-617-2354. Loyola University Maryland is authorized under federal law to enroll non-immigrant, alien students. This publication does not constitute an expressed or implied contract. Loyola reserves the right to amend or rescind this publication at any time.

Statement of Activities Outside the United States

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

LOYOLA UNIVERSITY MARYLAND INC

52-0591623

✓

Central America and the Ca	0	0	Program Services	Financial Aid	103,562
East Asia and the Pacific	0	0	Program Services	Financial Aid	127,180
Europe (including Iceland	0	0	Program Services	Financial Aid	383,299
North America (including C	0	0	Program Services	Financial Aid	358,687
South Asia	0	0	Program Services	Financial Aid	22,130
Sub-Saharan Africa	0	0	Program Services	Financial Aid	15,771
Central America and the Ca	0	0	Investments		38,707,691
Central America and the Ca	0	0	Program Services	International Studies	74,205
East Asia and the Pacific	0		Program Services	International Studies	1,632,452
Europe (including Iceland	2	5	Program Services	International Studies	5,024,118
Sub-Saharan Africa	0	0	Program Services	International Studies	36,845

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as ~~as~~ ~~recogniz~~ ~~ly~~

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	
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Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

3 Did the organization have an ownership interest in a foreign corporation

✓

✓

✓

✓

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

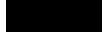
Employer identification number

Part I

Fundraising Activities.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				()
11	Net income summary. Combine line 3, column (d), and line 10 ▶				



- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

52-0591623

LOYOLA UNIVERSITY MARYLAND INC

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

For Paperwork Reduction

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 2
 3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

Athletic aid	188	0	5,581,083 Fair Market Value	Financial aid
Resident assistantships		0	1,312,510 Fair Market Value	Financial aid
Graduate assistantships	146	0	326,916 Fair Market Value	Financial aid
Endowed scholarships	159	0	857,488 Fair Market Value	Financial aid
Tuition exchange	112	0	2,203,821 Fair Market Value	Financial aid
		0	Fair Market Value	

student and parent loan proceeds are distributed to the borrower within the specified timeframe required by the regulations governing these programs. Eligibility for need-based grants, loans, and work-study forms of federal student aid is determined using the results of the Federal Methodology need analysis formula. Student aid awards from both federal and reconciliation reports.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amt. of cash grant	Amt. of non-cash asst.
Name and address	Sandtown Habitat for Humanity	21,500	0

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

Part I Questions Regarding Compensation

Yes	No
-----	----

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> | |

organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

✓
✓

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | |

c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 Compensation described in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

- | | | | |
|--|--|--|--|
| a The organization? | | | |
| b Any related organization? | | | |
| If "Yes" to line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | | |
| b Any related organization? | | | |
| If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | | | |
| 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | | |
| 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | | |

4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Susan Donovan, Executive Vice President	(i) 295,086	128,455		27,500	24,332	479,663	128,455
		(ii) 0	0	0	0	0	0	0
2	Marc Camille, Vice President	(i) 225,324	0		22,995	22,403	279,953	0
		(ii) 0	0	0	0	0	0	0
3	Randall Gentzler, Vice President	(i) 264,970	0	9,723	27,500	14,997	317,190	0
		(ii) 0	0	0	0	0	0	0
4	Megan Gillick, Vice President	(i) 225,042	0	0	24,750	7,101	256,893	0
		(ii) 0	0	0	0	0	0	0
5	Sheilah Horton, Vice President	(i) 179,406	0	71,422	16,386	20,679	287,893	0
		(ii) 0	0	0	0	0	0	0
6	Terrence Sawyer, Vice President	(i) 251,716	0	4,583	27,500	23,189	306,988	0
		(ii) 0	0	0	0	0	0	0
7	Timothy Snyder, Vice President	(i) 263,527	0	3,825	27,500	6,900	301,752	0
		(ii) 0	0	0	0	0	0	0
8	Karyl Leggio, Dean	(i) 261,031	0	435	27,500	14,403	303,369	0
		(ii) 0	0	0	0	0	0	0
9	James Patsos, Head Coach	(i) 261,994	155,350	615	27,500	6,794	452,253	0
		(ii) 0	0	0	0	0	0	0
10	James Paquette, Assistant Vice President/Athletic Director	(i) 185,840	45,000	5,091	20,924	22,350	279,205	0
		(ii) 0	0	0	0	0	0	0
11	Peter Lorenzi, Professor	(i) 190,504	0	0	21,916	20,553	232,973	0
		(ii) 0	0	0	0	0	0	0
12	Gloria Wren, Professor	(i) 182,186	0	0	17,858	7,557	207,601	0
		(ii) 0	0	0	0	0	0	0
13	Gerald Athaide, Professor	(i) 164,495	0	0	18,304	24,335	207,134	0
		(ii) 0	0	0	0	0	0	0
14	John Palmucci, Vice President	(i) 0	207,897	0	0	0	207,897	207,897
		(ii) 0	0	0	0	0	0	0
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 1a - Housing allowance: Sheilah Horton- \$14,000. Housing allowance is considered taxable income and included on the recipient's W-2. Health or Social Club clubs or social clubs as part of their job duties with the University; the University tracks usage of these clubs and reports personal use as taxable income on the employees' W-2.

Schedule J, Part I, Line 3 - Fr. Brian Linnane SJ has taken a vow of poverty and does not receive a W-2 for his services to the University. In addition, Fr. Linnane received housing from the University during the year ended May 31, 2013 in order to fulfill the obligation of the Society of Jesus to provide housing to Fr. Linnane.

received a payment of \$207,897 from the Plan during 2012, which is reported on Schedule J Part II boxes B (ii) and F. Susan Donovan received a payment of \$128,455 from the Plan

(i) Pooled financing

A	Maryland Health and Higher Educational Facilities Authority	52-0936091	574217VW2	63,650,728	2006 - Capital Projects	Yes	No	Yes	No	Yes	No
						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Maryland Health and Higher Educational Facilities Authority	53-0936091	574218JJ3	06/07/2012	53,943,256	2012A - Refunding					
	Maryland Health and Higher Educational Facilities Authority	52-0936091		06/26/2012	20,145,000	2012B - Refunding					
D	Maryland Health and Higher Educational Facilities Authority	52-0936091		06/26/2012	12,450,000	2012B - Refunding					

Part II Proceeds

	A		B		C		D	
1	Amount of bonds retired		0		0		0	
2	Amount of bonds legally defeased		0		0		0	
3	Total proceeds of issue		67,894,572		53,943,256		20,145,000	
4	Gross proceeds in reserve funds		0		0		0	
5	Capitalized interest from proceeds		5,286,744		0		0	
6	Proceeds in refunding escrows		0		0		0	
7	Issuance costs from proceeds		521,557		498,916		81,630	
8	Credit enhancement from proceeds		0		0		0	
9	Working capital expenditures from proceeds		0		0		0	
10	Capital expenditures from proceeds		62,086,271		0		0	
11	Other spent proceeds		0		53,444,340		20,063,370	
12	Other unspent proceeds		0		0		0	
13	Year of substantial completion		2010					
14	Yes	No	Yes	No	Yes	No	Yes	No
14		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
15		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
16	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
17	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
2		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?								
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed							
3 Is the bond issue a variable rate issue?due" in							

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d								

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

T a a e W I P
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012



a

Part IV

Whiting Turner - Gino Gemignani	Trustee	637,903 Construction services	✓
PNC - Louis Cestello	Trustee	368,691 Banking services	✓

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization
Inspection
LOYOLA UNIVERSITY MARYLAND INC

52-0591623

	<input checked="" type="checkbox"/>	2	40,000	Appraisal
2				
3				
4				
5				
6				
7				
8				
9	<input checked="" type="checkbox"/>	43	1,164,829	Fair Market Value
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

	<input checked="" type="checkbox"/>	66	6,284	Fair Market Value
26				
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29	0
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	Yes	No
30a		<input checked="" type="checkbox"/>
31	<input checked="" type="checkbox"/>	
32a		<input checked="" type="checkbox"/>
33		

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization

LOYOLA UNIVERSITY MARYLAND INC

Employer identification number

52-0591623

Form 990, Part VI, Section B, Line 11b - Prior to filing, the Form 990 is reviewed by the Vice President for Finance and an independent tax accountant at KPMG. All members of the Board of Trustees are provided an electronic copy of the Form. The Form is filed after all comments from the Board of Trustees are addressed.

Form 990, Part VI, Section B, Line 12c - Each Board member is required to complete and file with the Secretary of the University, on or before September 1 of each year, information about possible beneficial or adverse interests affecting Loyola University Maryland, including interests of immediate family members and organizations in which the Board member (or member of his or her family) has a significant management function or significant ownership interest. University administrators are required to act in ways consistent with their fiduciary responsibilities to the University. If a University administrator believes that he or she may have a conflict of interest, the administrator shall promptly fully disclose the conflict to the President of the University and shall refrain from participation in any way in the matter to which the conflict relates until the question has been resolved. The President shall consult with the University counsel regarding all conflict questions of which he is informed and shall report regularly to the Board of Trustees regarding unresolved conflict questions.

services to the University. Line 15b - For other officers or key employees of the organization, an independent search consultant was retained for each search. The person assisted the setting of an appropriate salary and considered the position responsibilities and the market. Salary data of comparable AJCU (Association of Jesuit Colleges and Universities) institutions was used in the determination of the salary range. Annually, salaries are review based upon job analysis, market conditions, and performance.

Form 990, Part VI, Section C, Line 19 - The audited financial statements and the Form 990 are on the University's external website. Governing documents and the conflict of interest policy are not available to the general public.

Form 990, Part VII, Section A, Line 1d - Fr. Brian Linnane SJ and Fr. James Miracky SJ have taken a vow of poverty and do not receive a W-2 for their services to the University.

Form 990, Part XI, Line 9 - Change in fair value of split interest agreements: \$1,491,173; change in fair value of swap: \$1,501,203; change in fair value of cash surrender values: \$169.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Research and development programs provided by faculty and public service programs performed to benefit the public in general	3,044,541	0	0
Total:		3,044,541	0	0

Name Of Foreign Country

Name

Belgium

United Kingdom (England, Northern Ireland, Scotland, and Wales)

Ireland

Spain

Thailand

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

(2)					
(3)					

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)
Name, address, and EIN of
related organization

--	--

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.
